

## 2021 FINANCIAL ASSISTANCE APPLICATION

## Authorization for Release of Financial Information

## PLEASE CAREFULLY READ THE FOLLOWING INFORMATION.

- A limited number of partial scholarships are available to those who qualify.
- To qualify, the child/family must participate in the National School Lunch Program/School Breakfast Program or receive food stamps or aid for dependent children. You must attach documentation.
- Your financial aid request must be made at least 2 weeks prior to the start of the program you wish your child to attend.
- Scholarships are awarded on a first come, first served basis.
- NO MORE THAN ONE SCHOLARSHIP PER CHILD WILL BE AWARDED.
- Use one form per family.

Name of person making the request		
Relationship to the child:		
Street Address		
CityState	Zip	_ Telephone Number()
Email		
Name of Child	Birth Date	Program this is for (Course #)
Name of 2 <sup>nd</sup> Child	Birth Date	Program this is for (Course #)
Name of 3 <sup>rd</sup> Child	Birth Date	Program this is for (Course #)
Total number of children in the household under the age of 18? Number of adults?		
Employer		Telephone number ()
Spouse's Employer		Telephone number ()
Monthly take home pay (before taxes) \$Spouse's monthly take home pay (before taxes) \$		
All other Income/Payments/Interest/Dividends:		
Child Support	Unemploymen	t
Please briefly describe your personal circumstances. All information will remain confidential.		
By my signature below, I hereby authorize my employer to release information regarding my salary, to Skyhawks Sports Academy. A copy of this application with my signature shall be valid authorization for release of information.		
Signature		Date

## **HOW TO RETURN APPLICATION**

Scan/email form to: oregon@skyhawks.com

Do NOT send your camp registration form in with this scholarship application.

You must attach documentation that shows the child(ren) participate in the school lunch program or receive food stamps or aid for dependent children.